

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90093 043 ****70.00

0063555

DOCUMENT # 763126

1. Entity Name

NORTH BAY COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

3170 MCMULLEN BOOTH ROAD
 CLEARWATER FL 34621

3170 MCMULLEN BOOTH ROAD
 CLEARWATER FL 34621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2201979

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POINTER, JAMES L
~~2037 EDGEWATER DR-6~~
 CLEARWATER FL 33755

Name

Street Address (P.O. Box Number is Not Acceptable)

2025 EDGEWATER DRIVE #6

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **WEBSTER, KENNETH**
 STREET ADDRESS **4381 WORTHINGTON CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **P** Change Addition
 NAME **WEBSTER, KENNETH**
 STREET ADDRESS **4381 WORTHINGTON CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** Delete
 NAME **EICHLBERGER, FRED**
 STREET ADDRESS **1000 MCLEAN ST**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MARIETTA, PATRICIA A**
 STREET ADDRESS **241 PELICAN DR N**
 CITY-ST-ZIP **OLDSMAR FL**

TITLE **SD** Change Addition
 NAME **SMILLER ROBERTA**
 STREET ADDRESS **11801 SHADDRAGON ROAD**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **TD** Delete
 NAME **POINTER, JAMES L**
 STREET ADDRESS **2037 EDGEWATER DR #5**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** Change Addition
 NAME **POINTER, JAMES L**
 STREET ADDRESS **2025 EDGEWATER DR #6**
 CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D** Delete
 NAME **FAULKNER, SANDRA**
 STREET ADDRESS **18520 STABLE TRL**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE Change Addition
 NAME **CARLSON, MICHAEL**
 STREET ADDRESS **9233 ALCOTT WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **P** Delete
 NAME **STUART, ALLAN R**
 STREET ADDRESS **2103 DIAMOND CT**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** Change Addition
 NAME **STADLER KIMBALL**
 STREET ADDRESS **3045 OAK HILL ROAD**
 CITY-ST-ZIP **CLEARWATER FL 33759**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 787-446-7181
 Date Daytime Phone #

CR2E037 (10/00)